



City of Columbus  
/PP19 Change Withholding Tax  
Information

Employee Name: Last, First, Middle Initial

Social Security Number:

**Federal (Reference IRS Form W-4)**

Federal Income Tax Exempt?: ☐ Yes ☐ No

Federal Exemptions Claimed: 0

Excess Federal Income Tax Withheld: 00

Marital Status:

Earned Income Credit Eligibility:

**State (Reference State Form IT-4)**

State Income Tax Exempt?: ☐ Yes ☐ No

State Exemptions Claimed: 0

Excess Federal Income Tax Withheld: 00

**Cities**

Columbus City Tax

First Local Tax:

First Local Tax Name (See LT Table):

Second Local Tax:

Second Local Tax Name (See LT Table):

☐ Entered

Signature

I hereby certify that the facts stated above are correct and request the City to withhold the above listed taxes from my paycheck until further notice. Additionally, I certify that I am eligible for all exemptions claimed above. (Please Note: The Internal Revenue Service requires that a W-4 for each employee be kept current and on file with the appointing authority.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_